

Typed Name: \_\_\_

## CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

FILED EFFECTIVE

(Instructions on back of application)

10 APR -8 AM 11: 22

1.	The name of	the	limited	liability	company	is:
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•	The hame of the littled liability company is:		STATE OF IDAHO							
_	Asante	, LLC			J					
2.	The complete street and mailing addresses of the initial designated/principal office:									
	11473 W Olympus Boise ID 83713 (Street Address)									
	, 				•					
	(Mailing Address, if different than street address)									
3.	The name and complete street address of th									
	Gina Finley	11473 W Olympus Boi	se ID 83713							
	(Name) (Street Ad	****	30 12 001 10							
4.	The name and address of at least one member or manager of the limited liability company:									
	Name	Address								
	Gina Finley	11473 W Olympus Boise ID 837								
			- 1		15					
		`								
					***					
				•						
i.	Mailing address for future correspondence (ar	nough report metices.								
	11473 W Olympus E			<i>y</i> .						
. 1	Future effective date of filing (optional):									
				-	, :					
gna	ature of organizer(s). (An organizer is a member, or	ris								
ung	in behalf of a member or members).	Secretary	of State use only							
gna	ature / /	QW.								
pe	d Name: Gina Finley	l g	192301							
-		teogram DA	AHD SECRETARY OF	STATE 05 e 0	a					
gna	ature	10000000 CK: 4160	158 CT: 172899	M: 1216 RBAN LLC	= -					